



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

POSTSECONDARY PROPRIETARY SCHOOL EXEMPTION APPLICATION FORM

Application fee: None

Applicant's Name

Date of Application

OFFICE USE ONLY

Date Issued: _____

Permit Number: _____

Approved: _____

Exempt: _____

Denied: _____

Expiration: _____

If you have any questions, please contact the Division at (801) 530-6601.

Please return the completed application form to:

Department of Commerce
Division of Consumer Protection
160 East 300 South, Second Floor
SM Box 146704
Salt Lake City, Utah 84114-6704

1. Applicant's Name: _____
2. Applicant's address:
- A. Street Address: _____
- Street
- _____
- City State Zip Code
- Telephone Number: _____ Facsimile Number: _____
- B. Mailing Address: _____
- Street
- _____
- City State Zip Code
- Telephone Number: _____ Facsimile Number: _____
3. Contact Person: _____ Telephone Number: _____
4. Does Applicant have a parent organization? ☐ Yes ☐ No
- If "yes", please indicate the following:
- Name: _____
- Address: _____
- Street
- _____
- City State Zip Code
5. Exemption from registration under the Utah Postsecondary Proprietary School Act is requested for the reason(s) indicated below (please indicate the paragraph that applies and provide the additional information noted, if any):
- (a)___ Applicant is a Utah institution directly supported, to a substantial degree, with funds provided by the state, a local school district, or other Utah governmental subdivision.
- Name of entity providing funds: _____
- Address: _____
- Telephone number: _____
- (b)___ Applicant is an institution which offers instruction exclusively at or below the 12th grade level.
- (c)___ Applicant is a lawful enterprise which offers only professional review programs, such as C.P.A. and bar examination review and preparation courses.
- (d)___ Applicant is a Utah private, postsecondary educational institution that is owned, controlled, operated, or maintained by a bona fide church or religious denomination, which is exempted from property taxation under the laws of this state.
- Name of church: _____
- Address: _____
- Telephone number: _____

- (e)___ Applicant is a Utah school or institution which is accredited by a regional or national accrediting agency recognized by the United States Department of Education. An institution, branch, extension, or facility operating within the state which is affiliated with an institution operating in another state must be separately approved by the affiliate's regional or national accrediting agency to qualify for this exemption.

Name of agency: _____

Address: _____

Telephone number: _____

Expiration date of current authorization: _____

Please attach a copy of the accrediting agency's authorization with the next renewal date of that authorization.

- (f)___ Applicant is a business organization, trade or professional association, fraternal society, or labor union that sponsors or conducts courses of instruction or study predominantly for bona fide employees or members and does not, in advertising, describe itself as a school.

____ % Percent of time spent by Applicant in training or instruction in relation to time spent in other business activity

____ % Percentage of persons who are hired by the Applicant after successfully completing the course of instruction

- (g)___ Applicant is an institution that exclusively offers general education courses or instruction that is solely remedial, avocational, nonvocational, or recreational in nature, and which does not advertise occupation objectives or grant educational credentials.

- (h)___ Applicant is an institution which offers only workshops or seminars lasting no longer than three calendar days and for which academic credit is not awarded.

- (i)___ Applicant is an institution which offers programs in barbering, cosmetology, real estate, insurance, or flying that are regulated and approved by a state or federal governmental agency.

Type of license: _____

Name of agency: _____

Address: _____

Telephone number: _____

Expiration date of current authorization: _____

Please attach a copy of the respective agency's authorization for your current period of authorization.

6. The undersigned acknowledges that pursuant to UCA 13-34-105(2) the Division may contact the appropriate state or federal government agency and request corrective action if the available evidence suggests that Applicant is not in compliance with the standards of registration under the Utah Postsecondary Proprietary School Act.

7. The undersigned acknowledges that Applicant is required to notify the Division within thirty (30) days of a material change in circumstances which may affect its exempt status.

I declare the foregoing is true and correct.

DATED: _____

APPLICANT:

BY _____
ITS _____